

Case Number:	CM13-0045896		
Date Assigned:	12/27/2013	Date of Injury:	10/14/2011
Decision Date:	03/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 66-year-old female who reported an injury on 10/14/2011. The patient was noted to be bending down to reach something and hit a cart with her buttocks. She was noted to fall over on the right side, fracturing her hip. The patient was noted to have a hip replacement during the ensuing 24 hours. The patient was noted to have undergone acupuncture treatments. The patient's diagnoses were noted to be postoperative right hip replacement, left knee myoligamentous injury, thoracic spine compression fracture and sleep deprivation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase

range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments, and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to provide the number of acupuncture treatments that the patient has previously participated in. Additionally, there was a lack of documentation indicating the functional benefit received from the acupuncture treatments. There was a lack of documentation indicating the patient having the necessity for 6 additional sessions. Per the submitted request, the body part that the acupuncture was being requested for was not provided. Given the above, the request for additional 2 times 3 acupuncture is not medically necessary.